

## CHIROPRACTOR MAXIMUM ALLOWABLE FEE SCHEDULE

THIS IS YOUR WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE, WHICH IS IN EFFECT AS OF THE DATE OF THIS REPORT. WISCONSIN MEDICAID CERTIFIED PROVIDERS WILL BE REIMBURSED FOR SERVICES PROVIDED TO PROGRAM RECIPIENTS AT THE LOWER OF THEIR USUAL AND CUSTOMARY CHARGE, OR THE MAXIMUM ALLOWABLE FEE.

SERVICES REIMBURSED BASED ON PROVIDER SPECIFIC (CONTRACTED RATES) AND REGIONAL OR SPECIALTY BASED RATES ARE NOT INCLUDED IN THIS FEE SCHEDULE.

ALTHOUGH THE FEE SCHEDULE DOES NOT ADDRESS THE VARIOUS COVERAGE LIMITATIONS ROUTINELY APPLIED BY WISCONSIN MEDICAID BEFORE FINAL PAYMENT IS DETERMINED (E.G., RECIPIENT AND PROVIDER ELIGIBILITY, BILLING INSTRUCTIONS, FREQUENCY OF SERVICES, THIRD PARTY LIABILITY, COPAYMENT, AGE RESTRICTIONS, PRIOR AUTHORIZATION, ETC.), IT DOES CONTAIN THE FOLLOWING INFORMATION:

### PROC/M1/M2/TM

PROC - THE PROCEDURE CODE RECOGNIZED BY WISCONSIN MEDICAID TO IDENTIFY THE SERVICE PROVIDED.

M1/M2 - ONE OR TWO APPLICABLE MODIFIER(S) AFFECTING REIMBURSEMENT AMOUNT.  
NOTE: CURRENTLY THERE ARE NO MODIFIERS AFFECTING REIMBURSEMENT ASSOCIATED WITH CHIROPRACTIC PROCEDURES.

TM - DESCRIPTIVE MODIFIER USED TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS.  
NOTE: IN CERTAIN INSTANCES THE MODIFIER LISTED IS BEING USED BOTH TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS AND TO AFFECT THE REIMBURSEMENT AMOUNT. IN THESE INSTANCES THE MODIFIER WILL BE DISPLAYED TWICE, ONCE IN THE M1 OR M2 COLUMN AND ONCE IN THE TM COLUMN, EVEN THOUGH IT WILL ONLY BE BILLED ONCE ON THE CLAIM DETAIL.

DESCRIPTION - AN ABBREVIATED DESCRIPTION OF THE PROCEDURE CODE

PROVIDER TYPE - ALL APPLICABLE PERFORMING PROVIDER TYPES FOR THE PROCEDURE CODE. SEE TABLE I FOR A LISTING OF PROVIDER TYPES APPLICABLE TO THIS SCHEDULE.

PAC - THE PRICING ACTION CODE IDENTIFIES NON-COVERED SERVICES OR THE SOURCE AND METHOD OF PRICING THE PROCEDURE (REFER TO TABLE II).

EFFECT DATE - THE EFFECTIVE DATE OF SERVICE ON OR AFTER WHICH THE MAXIMUM ALLOWABLE FEE APPLIES.

MAX FEE - MAXIMUM ALLOWABLE FEES FOR THE PROCEDURE CODES LISTED. IF A MAX FEE IS NOT INDICATED, USE THE PAC AND TABLE II TO DETERMINE THE REASON (E.G., PAC 220 INDICATES SERVICE NOT COVERED; PAC 21J INDICATES INDIVIDUAL CONSIDERATION, ETC.).

THIS INFORMATION IS INTENDED TO HELP YOU UNDERSTAND THE WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE. IF YOU HAVE QUESTIONS, PLEASE CONTACT WISCONSIN MEDICAID PROVIDER SERVICES AT: (608) 221-9883 OR (800) 947-9627\*

\*WHEN REQUESTING INFORMATION, PLEASE BE SPECIFIC AS TO WHICH PROVIDER TYPE YOU ARE REFERRING (I.E., CHIROPRACTORS ARE PROVIDER TYPE 30).

### TABLE I PROVIDER TYPES

30 - CHIROPRACTOR

### TABLE II PRICING ACTION CODES (PAC)

11J, 21J - INDIVIDUAL CONSIDERATION, MEDICAL CONSULTANT  
 120, 220 - NON-COVERED SERVICE, NOT A WISCONSIN MEDICAID BENEFIT  
 170, 270 - PAID AT THE LOWER OF THE BILLED AMOUNT OR MAXIMUM  
 ALLOWABLE FEE ACCORDING TO PROVIDER TYPE  
 279 - REVIEW OF SERVICE, REPORT DETERMINES COVERAGE AND/OR REIMBURSEMENT.

TABLE III  
MODIFIERS

MODIFIER	DESCRIPTION
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CURRENTLY THERE ARE NO MODIFIERS AFFECTING REIMBURSEMENT ASSOCIATED WITH CHIROPRACTIC PROCEDURES.

PROC	DESCRIPTION	M1	M2	TM	PROVIDER TYPE	PAC	EFFECT DATE	MAX FEE
72010	RADIOLOGIC EXAMINATION/ SPINE/ ENTIRE SURVEY STUDY/ ANTEROPOSTERIOR AND LATRERAL							
72010	30					279	07/01/02	56.85
72020	RADIOLOGIC EXAMINATION/SPINE/SINGLE VIEW							
72020	30					279	07/01/02	24.06
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS							
72040	30					279	07/01/02	29.71
72050	RADIOLOGIC EXAMINATION/ SPINE/ CERVICAL; MINIMUM OF FOUR VIEWS							
72050	30					279	07/01/02	33.05
72052	RADIOLOGIC EXAMINATION / SPINE/ CERVICAL; COMPLETE							
72052	30					279	07/01/02	47.36
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS							
72070	30					279	07/01/02	29.71
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS							
72100	30					279	07/01/02	29.71
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS							
72110	30					279	07/01/02	47.36
72120	RADIOLOGIC EXAMINATION/ SPINE/ LUMBOSACRAL/ BENDING VIEWS							
72120	30					279	07/01/02	33.05
72200	RADIOLOGIC EXAMINATION/ SACROILIAC JOINTS/ LESS THAN THREE VIEWS							
72200	30					279	07/01/02	26.25
72202	RADIOLOGIC EXAMINATION/ SACROILIAC JOINTS; THREE OR MORE VIEWS							
72202	30					279	07/01/02	31.57
72220	RADIOLOGIC EXAMINATION/ SACRUM AND COCCYX/ MINIMUM OF TWO							
72220	30					279	07/01/02	29.71
73000	RADIOLOGIC EXAMINATION/ CLAVICLE/ COMPLETE							
73000	30					279	07/01/02	20.36
73010	RADIOLOGIC EXAMINATION; SCAPULA/ COMPLETE							
73010	30					279	07/01/02	29.71
73020	RADIOLOGIC EXAMINATION/ SHOULDER; ONE VIEW							
73020	30					279	07/01/02	15.77
73030	RADIOLOGIC EXAMINATION/ SHOULDER; COMPLETE/ MINIMUM OF TWO VIEWS							
73030	30					279	07/01/02	29.71
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS/ BILATERAL W/WO WEIGHTED DISTRACTION							
73050	30					279	07/01/02	27.64
73060	RADIOLOGIC EXAMINATION; HUMERUS/ MINIMUM OF TWO VIEWS							
73060	30					279	07/01/02	20.36
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS							
73070	30					279	07/01/02	20.36
73080	RADIOLOGIC EXAMINATION/ ELBOW; COMPLETE/ MINIMUM OF THREE VIEWS							
73080	30					279	07/01/02	26.25
73500	RADIOLOGIC EXAMINATION/ HIP; UNILATERAL/ ONE VIEW							
73500	30					279	07/01/02	26.25

73510	RADIOLOGIC EXAMINATION/ HIP; COMPLETE/ MINIMUM OF TWO VIEWS		
73510	30	279 07/01/02	33.05
73520	RADIOLOGIC EXAMINATION/ HIPS/ BILATERAL/ MINIMUM OF TWO VIEWS		
73520	30	279 07/01/02	39.47
73540	RADIOLOGIC EXAMINATION/ PELVIS AND HIPS/ INFANT OR CHILD/ MINIMUM OF TWO VIEWS		
73540	30	279 07/01/02	29.71
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS		
73550	30	279 07/01/02	29.71
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS		
73560	30	279 07/01/02	20.36
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS		
73562	30	279 07/01/02	26.26
73564	RADIOLOGIC EXAM KNEE; COMPLETE, FOUR OR MORE VIEWS		
73564	30	279 07/01/02	24.49
81000	UNRINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES		
81000	30	279 07/01/02	4.37
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL ONE TO TWO REGIONS		
98940	30	270 07/01/02	17.31
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE TO FOUR REGIONS		
98941	30	270 07/01/02	23.90
98942	CHIROPRACTIC MANIPULATIVE TREATMENT; (CMT); SPINAL, FIVE REGIONS		
98942	30	270 07/01/02	30.97
99201	OFFICE/OP VISIT-NEW PATIENT: PROB-FOCUSED HIST/EXAM & STRAIGHT MED DECISION (10 MIN)		
99201	30	270 07/01/02	19.60
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)		
L0120	30	170 10/01/03	15.76
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)		
L0140	30	170 10/01/03	33.40
L0210	THORACIC, RIB BELT		
L0210	30	170 10/01/03	10.70
L0500	LUMBAR-SACRAL-ORTHOSIS (LSO), FLEXIBLE, (LUMBO-SACRAL SUPPORT)		
L0500	30	170 10/01/03	89.87
L0600	SACROILIAC, FLEXIBLE (SACROILIAC SURGICAL SUPPORT)		
L0600	30	170 10/01/03	64.93

END OF REPORT